

# SENEGAL AND HIV/AIDS

## Key Talking Points

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Senegal has one of the lowest HIV prevalence rates in sub-Saharan Africa:

- The HIV prevalence rate was 1.77 percent at the end of 1997.
- More than 81,000 cases of HIV have been reported, and approximately 60,000 of these persons have developed AIDS.
- It is estimated that by 1999 more than 101,000 persons will be HIV-positive.

**Women and HIV/AIDS** In 1996, 68 percent of infections were among men and 32 percent among women. By the end of 1997, 48 percent of infections were among women. Although the HIV prevalence rate (0.43 percent in 1997) has remained very low among women in Dakar antenatal clinics, the prevalence rate among sex workers in Dakar has increased gradually from 6 percent in 1989 to 16 percent in 1997. The HIV prevalence rate among sex workers outside Dakar ranged from 22.5 to 38.5 percent from 1989 to 1997 in Kaolack, and from 17 to 49 percent in Ziguinchor for the same period.

**Children, Youth and HIV/AIDS** More than 3,800 Senegalese children under age 15 are living with HIV/AIDS. Forty-three percent of males 15 to 24 years old reported casual sex partners in the last 12 months, as did 15 percent of females in the same age group. Also in the same age group, over 60 percent of males and 40 percent of females reported condom use with their most recent casual partner.

**National Response** Senegal has had considerable success thus far in controlling the spread of HIV. However, continued commitment at high levels of government and in civil society in general is required to lower levels of infection. Aggressive public outreach campaigns and education interventions must continue to target key high-risk populations such as sex workers, migrant populations, and adolescents. In addition, improved access to, demand for, and quality of reproductive health services, and in particular, STI diagnosis and treatment services, are essential at this stage of the epidemic.

**USAID** is the sixth largest bilateral donor to Senegal and the ninth largest donor overall, USAID's FY 1998 funding for HIV/AIDS was \$1,713,000, and the contribution for FY 1999 is estimated at \$600,000. Since 1998 USAID has been instrumental in assisting the government of Senegal to contain HIV/AIDS through a combination of early and aggressive control efforts, including the involvement of religious, political, and traditional leaders; intensive information campaigns for increased condom use among young adults; and an effective epidemiologic surveillance system for high-risk groups.



**U.S. Agency for  
International Development**  
**Population, Health and Nutrition  
Programs**  
**HIV/AIDS Division**  
1300 Pennsylvania Ave., N.W.  
Ronald Reagan Building, 3<sup>rd</sup> Floor  
Washington DC 20523-3600  
Tel: (202) 712-4120  
Fax: (202) 216-3046  
URL: [www.info.usaid.gov/pop\\_health](http://www.info.usaid.gov/pop_health)



**Implementing AIDS Prevention  
and Care (IMPACT) Project**  
Family Health International  
2101 Wilson Boulevard, Suite 700  
Arlington VA 22201 USA  
Telephone: (703) 516-9779  
Fax: (703) 516-9781  
URL: [www.fhi.org](http://www.fhi.org)

# SENEGAL AND HIV/AIDS

## Country Profile

Senegal is a politically stable, predominantly Muslim country in West Africa, with a population of nine million. It is one of the few African countries with a stable, multiparty democratic government. However, Senegal's rapid population growth rate of 2.7 percent, deteriorating natural resource base, high unemployment rate, and levels of economic development which are increasingly disparate between urban and rural areas pose significant challenges for a relatively poor, rural country.

Municipal and local elections held in November 1996 marked a milestone in Senegal's political development as appointed local officials were replaced by 28,000 elected officials. The political landscape is being further transformed by growing

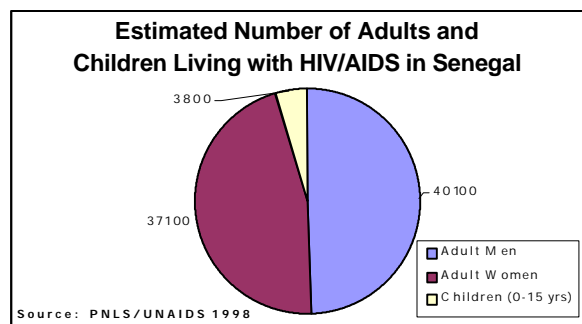
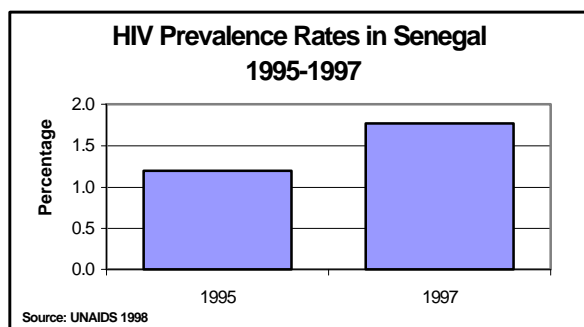
urbanization, an increasingly powerful independent media, the growth of civil society, including local private voluntary organizations (PVOs), the changing but still significant role of the French in Senegal, and market liberalization.

Social services in Senegal remain extremely limited, especially for women and children. The maternal mortality rate is high (510 per 100,000 live births), and many infants die of preventable diseases. The country also suffers from relatively high childhood mortality rates (139 per 1,000) and although fertility rates have declined in recent years, women still bear an average of 5.7 children each. Life expectancy at birth is 48 years for males and 50 years for females.

## HIV/AIDS in Senegal

Senegal has one of the lowest HIV prevalence rates in sub-Saharan Africa. The Joint United Nations Programme on HIV/AIDS (UNAIDS) reports that HIV levels remain low, rising from roughly 1.2 percent of the general population in 1995 to 1.77 percent at the end of 1997.

- More than 81,000 cases of HIV have been reported to the Programme National de Lutte contre le SIDA (PNLS). Approximately 60,000 of these persons have developed AIDS.
- It is estimated that by 1999 more than 101,000 persons will be HIV-positive.



Several factors may help to explain how Senegal has been able to contain the AIDS epidemic, some of which are linked to the situation prior to the emergence of HIV:

- Sex work was regulated in Senegal in the 1960s, resulting in a sexually transmitted infection (STI) control program for sex workers and clients, and a high rate of condom use among sex workers.
- A long tradition of thousands of experienced associations/movements and community organizations working in the health field.
- A solid system of blood transfusion banks.

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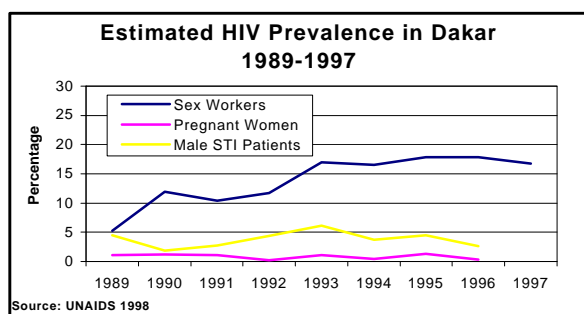
The primary mode of HIV transmission is through heterosexual sexual contact. The highest levels of HIV infection are reported among registered sex workers, where prevalence rates reached 16 percent in Dakar, 27 percent in Kaolak, and 30 percent in Ziguinchor in 1997.

Senegal is characterized by a high prevalence of HIV-2, whose carriers undergo a slower evolution from infection to full-blown AIDS (relative to those infected with HIV-1) and who may therefore continue to infect others while remaining in good health. (Although this is also true with HIV-1, it is more pronounced with HIV-2.)

### Women and HIV/AIDS

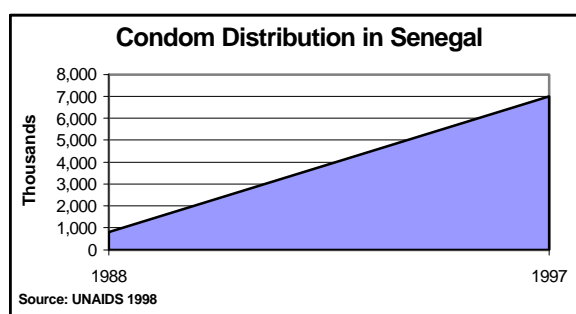
Socioeconomic disparities between women and men in Senegal are increasing women's vulnerability to HIV/AIDS, in addition to women's greater biological susceptibility to HIV infection. Thirty-one percent of the population is literate, however, only 21 percent of women are educated, compared with 41 percent of men. In general women suffer from greater poverty due to lack of access to critical resources such as land, credit, extension services, and technology. This, in turn, limits their access to health and social services, in addition to leading some women to sex work as a means of survival.

- In 1996, 68 percent of infections were among men and 32 percent among women. By the end of 1997, 48 percent of infections were among women.



*To operate according to regulations, sex workers are tested every month for STIs and every six months for HIV. If they test positive for HIV their license is not revoked, but rather they are given counseling on why practicing safe sex is in their best interest.*

- Although the HIV prevalence rate (0.43 percent in 1997) has remained very low among women in Dakar antenatal clinics, the prevalence rate among sex workers in Dakar has increased gradually from 6 percent in 1989 to 16 percent in 1997. The prevalence rate among sex workers outside Dakar ranged from 22.5 to 38.5 percent from 1989 to 1997 in Kaolak, and from 17 to 49 percent in Ziguinchor for the same period.



### Children, Youth and HIV/AIDS

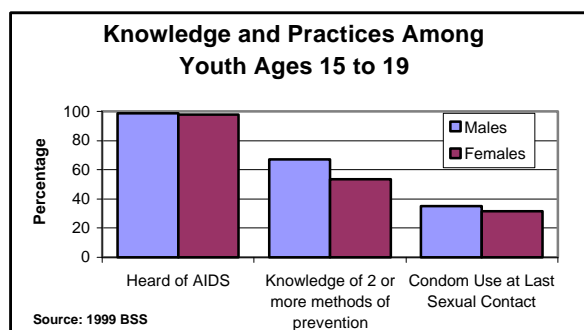
The HIV epidemic has a disproportionate impact on children, causing high morbidity and mortality rates among infected children and orphaning many others. Approximately 30 to 40 percent of infants born to HIV-positive mothers will also become infected with HIV, and most will develop AIDS and die within two years.

- Over one-third the population is under age 10, and half the population is under age 18.

- Since the onset of the epidemic, an estimated 49,000 Senegalese children have become orphans due to AIDS.
- More than 3,800 Senegalese children under age 15 are living with HIV/AIDS.

Adolescents are particularly vulnerable to HIV infection, due to high-risk behaviors such as multiple sex-partnering and drug and alcohol use.

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- Forty-three percent of males 15 to 24 years old reported casual sex partners in the last 12

months, as did 15 percent of females in the same age group.

- In the same age group, over 60 percent of males and 40 percent of females reported condom use with their most recent casual partner.

Although reported condom use among adolescents in Senegal is at high levels compared with other African countries, continued education interventions and increased access to condoms are essential to increasing the adoption of low-risk behaviors among adolescents.

## Socioeconomic Effects of HIV/AIDS

About 90 percent of reported AIDS cases are 20 to 49 years old. Since this age group constitutes the most economically productive segment of the population, an important economic burden is created. Productivity falls and business costs rise—even in low-wage, labor-intensive industries—as a result of absenteeism, the loss of employees to illness and death, and the need to train new employees. The diminished labor pool affects economic prosperity, foreign investment, and sustainable development. The agricultural sector likewise feels the effects of HIV/AIDS; a loss of agricultural labor is likely to cause farmers to switch to less-labor-intensive crops. In many cases this implies switching from export crops to food crops—thus affecting the production of cash and food crops.

There are also many private costs associated with AIDS, including expenditures for medical care, drugs, funeral expenses, etc. The death of a family member leads to a reduction in savings and investment, and increased depression among remaining family members. Women are most affected by these costs and experience a reduced ability to provide for the family when forced to care for sick family members. AIDS also adversely affects children, who lose proper care and supervision when parents die. Some children will lose their father or mother to AIDS, but many more will lose both parents, causing a tremendous strain on social systems. At the family level there will be increased pressure and stress on the extended family to care for these orphans; grandparents will be left to care for young children and 10- to 12-year-olds become heads of households.

## Interventions

### *National Response*

With the first identified AIDS case in 1986, the Senegalese government collaborated with the World Health Organization (WHO) to establish the Programme National de Lutte contre le SIDA et les MST (PNLS). The general objectives of the PNLS are to measure the scope of the epidemic; guarantee the safety of blood transfusions; promote education activities for the prevention of sexual transmission of HIV; support the psychological and clinical needs of persons living with HIV/AIDS (PLWHA); and reinforce prevention efforts for all STIs. An Emergency

Plan of Action was instituted in 1987, followed by two Medium Term Plans for the periods 1988 to 1992 and 1994 to 1998. The PNLS has adopted the following strategies for the period 1999 to 2003:

- Increased information, education, and communication (IEC)/behavior change activities.
- Improved HIV epidemiological surveillance.
- Reinforcement of the blood screening program.
- Management of STI cases.

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- Support to PLWHA (including medical management, legal and ethical policies affecting PLWHA, and psycho-social management of infected persons).
- Reduction of mother-to-child transmission of HIV.
- Reinforcement of the management, coordination and decentralization of PNLS activities.

In addition to the above-mentioned strategies, it is important to note that decentralization of the PNLS at the district health level, as well as the involvement of local NGOs implementing IEC projects targeting high-risk groups (such as migrants, sex workers and truck drivers), were also key strategies recently implemented by the government as part of its response to the epidemic.

*The Senegalese government has pledged 300 million CFA for the purchase of antiretroviral drugs, which will be provided at a discount to 62 people infected with HIV. Political commitment and government response to the epidemic has played a major role in controlling HIV/AIDS transmission rates.*

Since 1989, prevention strategies for HIV and STI have been integrated. From the start of the epidemic there has been a very strong response

from civil society and an intense political dialogue at the highest levels. In addition, religious and community groups have been actively involved in prevention activities, and sex education has been integrated into primary and secondary school curricula. STI treatment services have been made widely available, incorporating the syndromic approach to STI case management, and the use of condoms has been actively and universally promoted.

In addition, media coverage of HIV/AIDS issues and production of IEC materials have been particularly high since the start of the epidemic. As a result of these efforts, knowledge of HIV prevention methods is extremely high, with more than 90 percent of adults 15 to 49 years old able to cite at least two correct methods.

The overall HIV prevalence rate in 1986 was approximately 0.6 percent and has since remained below 2 percent. Although no one can say definitively how Senegal has avoided the devastating effects the AIDS epidemic has had on most other sub-Saharan countries, the swift response of the government and civil society has most certainly played a major role in controlling the rapid spread of HIV.

### Donors

Multilateral and bilateral donors are actively engaged in HIV/AIDS activities in Senegal. According to a UNAIDS/Harvard University study, bilateral organizations contributed the following amounts in 1996-1997 and 1998-1999:

Organization	Amount US\$ 1996-97	Amount US\$ 1998-99
EU	2,426,000	1,448,000
USAID	2,074,000	690,000
France	2,075,000	n/a
Canada	1,038,000	666,000
KFW	183,000	566,000
GTZ	141,000	568,000
FAC	n/a	552,000
Holland	n/a	90,000
<b>Total</b>	<b>7,937,000</b>	<b>4,580,000</b>

*Bilateral organizations' contributions 1996-1999*

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*“We said that they could preach fidelity and abstinence, but permit us—NGOs and the government—to promote condoms.”*

*“We considered AIDS an epidemic since the beginning. We didn’t do denial.”*

*—Dr. Ibrahima Ndoeye, gynecologist and STD expert, who started advocacy campaigns with “unlikely allies: religious leaders”.*

**USAID** is the sixth largest bilateral donor to Senegal and the ninth largest donor overall. USAID is at the forefront of donor coordination, particularly in the areas of economic liberalization, family planning and HIV/AIDS, good governance, and natural resource management. USAID’s FY 1998 funding for HIV/AIDS was \$100,000, plus an additional \$600,000 pledged.

Since 1998 USAID has been instrumental in assisting the government of Senegal to contain HIV/AIDS through a combination of early and aggressive control efforts, including the involvement of religious, political, and traditional leaders; intensive information campaigns for increased condom use among young adults; and an effective epidemiologic surveillance system for high-risk groups.

USAID HIV/AIDS/STI activities for the period 1998 to 2002 will include:

- Treatment of STIs.
- Epidemiologic surveillance of HIV and STIs.

- IEC activities (including mass media interventions and targeted information campaigns).
- Research activities.
- Condom social marketing.

Since 1985 USAID has provided the PNLS with more than ten million condoms for distribution to sex workers, patients with STIs, youth, and adults. USAID is also working with the Ministry of Health to operationally integrate STI control into maternal and child health and family planning programs. USAID support focuses on six target regions: Dakar, Thies, Louga, Fatick, Kaolack, and Ziguinchor.

*There have been three major groundbreaking efforts in addressing AIDS and health policy in Senegal, supported by USAID: Two colloquiums organized for Muslim and Christian religious leaders to provide basic information on AIDS and to assist them in defining their roles and responsibilities in the fight against AIDS, and a major conference for more than 50 parliamentarians at the National Assembly in 1996 to sensitize these decision makers to the AIDS epidemic.*

**UNAIDS'** coordinating Theme Group in Senegal is chaired by a WHO representative and functions with the active participation of members from UNDP, WHO, UNFPA, UNICEF, UNESCO and the World Bank. Support from the UNAIDS cosponsors in 1996-99 included the following:

Organization	Amount US\$ 1996-97	Amount US\$ 1998-99
UNAIDS	1,173,619	205,000
UNDP	556,400	325,000
WHO	489,000	100,000
World Bank	n/a	475,000
UNICEF	151,400	130,700
UNFPA	n/a	80,000
<b>Total</b>	<b>2,370,419</b>	<b>1,315,700</b>

*UNAIDS cosponsor support 1996-99*



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Four other agencies—UNDCP, FAO, UNIFEM, IAO—are taking part in the Theme Four Group. Under the national health plan, funding through the Theme Group is provided directly to PNLS for HIV/AIDS activities.

**The World Bank** is assisting religious NGOs and local women's groups in the implementation of HIV/AIDS prevention projects and the Ministry of Health in the organization of special events. The World Bank is also supporting materials production; training of military personnel and their families; youth peer education projects; improved HIV-data collection; supervision of IEC activities; reinforcement of the HIV sentinel surveillance system and blood banks; and provision of social support to PLWHA. In addition, in 1991 the World Bank approved a loan in the amount of \$35

million for Senegal's Population and Health Program, of which \$600,000 was allocated to HIV/AIDS activities.

**WHO** supports the Ministry of Health in the organization of special events; training ministry health personnel in the syndromic approach of STI case management; provision of materials to the PNLS library; reinforcement of quality controls regarding blood collection, analysis, and storage; and ensuring field supervision of HIV/AIDS programs in the different regions.

**UNFPA** is providing technical assistance to local NGOs in the implementation of behavior change communication (BCC) interventions and peer education projects, and support to the Ministry of Health for the organization of special events and training sessions.

### ***Private Voluntary Organizations (PVOs) and Nongovernmental Organizations (NGOs)***

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A number of PVOs implement activities funded by multilateral and bilateral donors. Some of the major USAID cooperating agencies include Family Health International, The Futures Group, and The Population Council. NGOs also receive funding from a variety of sources and carry out most of the HIV/AIDS activities in Senegal. *See attached chart for USAID cooperating agencies and PVO target areas in HIV/AIDS.*

There are two main coalitions of NGOs that participate in the execution of PNLS field activities: The International Council of AIDS Services Organizations (ICASO), which was formed to reinforce the effectiveness of PNLS activities at the community level through dialogue and information sharing among its members; and the Réseau Sante SIDA et Population (RSSIP), which was formed with the objectives of reinforcing the institutional capacities of its members to influence government prevention and

*The Society for Women and AIDS in Africa (SWAA) has a regional office in Dakar which serves Benin, Burundi, Cameroon, Kenya, Guinea, Lesotho, Senegal, Swaziland, Namibia, Rwanda, Tanzania, Congo, and Zambia. SWAA's mission is to create and enhance a forum that motivates women, men, families, and communities to engage in the most appropriate, culturally acceptable and feasible incentives to prevent the spread of HIV/AIDS and cope with its impacts. SWAA's programs include education, care and support, advocacy to improve women's health and status, and conferences on Women and AIDS in Africa.*

control strategies, facilitating information sharing between members, and promoting research and training activities.

## Challenges

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Major constraints to HIV/AIDS control in Senegal include:

- Poverty and lack of resources to address HIV/AIDS and other health and development problems, particularly in rural areas.

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- The weak social position of women, which continues to place women at higher risk of infection due to lack of resources and education, and inability to negotiate safe sex.
- Migration to and from neighboring countries where HIV prevalence rates are high.
- Centralized bureaucratic structures in the health sector, which can produce administrative obstacles and delays in implementing activities.

### The Future

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Senegal has had considerable success in controlling the spread of HIV. However, continued commitment from high levels of government and in civil society in general is required to lower levels of infection. Aggressive public outreach campaigns and education interventions must continue to target key high-risk populations such as sex workers, migrant populations, and adolescents. In addition, improved access to, demand for, and quality of reproductive health services, and in particular, STI diagnosis and

treatment services, are essential at this stage of the epidemic.

*At a recent meeting of religious leaders in Dakar, the venerable Mettanando Bhikku, a Thai Buddhist monk, said the key to fighting AIDS may lie in religious leaders jointly developing a strategy to combat the disease.*

*- PANA Wire Service Online (6/99)*

### Important Links and Contacts

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1. WHO, Dr. Kadri Tankari, Representative, Tel. (221) 823 02 70 / 823 02 71; E-mail: omsdakar@telecomplus.sn
2. PNLS, Dr Ibra Ndoye, Polyclinique, Avenue Blaise Diagne X Malick Sy, BP 3435 Dakar, Tel. (221) 822 90 45; Fax (221) 822 15 07; E-mail: ibndoye@telcomplus.sn
3. ICASO, Ibrahima Keita, Sicap Sacré Coeur villa n°9308, Dakar; Tel. (221) 822 15 62; Fax (221) 822 15 07
4. RSSIP, Catherine Weynants, Route des Pères Maristes - BP 21078 Dakar; Tel. (221) 824 41 16/ 832 20 73; Fax (221) 832 23 33; E-mail: vedakar@sonatel.senet.net



**U.S. Agency for  
International Development  
Population, Health and Nutrition  
Programs  
HIV/AIDS Division**

1300 Pennsylvania Ave., N.W.  
Ronald Reagan Building, 3<sup>rd</sup> Floor  
Washington DC 20523-3600  
Tel: (202) 712-4120  
Fax: (202) 216-3046  
URL: [www.info.usaid.gov/pop\\_health](http://www.info.usaid.gov/pop_health)



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and Care (IMPACT) Project**

Family Health International  
2101 Wilson Boulevard, Suite 700  
Arlington VA 22201 USA  
Telephone: (703) 516 9779  
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URL: [www.fhi.org](http://www.fhi.org)

*June 1999*



## Senegal

Organization	Intervention																
	Advoc.	BCI	Care/S	Training	Cond.	SM	Eval.	HR	IEC	MTCT	Research	Policy	STD	VCT	Orphan	TB	Other
<b>Cooperating Agencies</b>																	
JSI/FPLM					X												
TFGI/Policy Project												X					
Horizons											X						
International HIV/AIDS Alliance		X	X	X	X	X			X								
FHI/IMPACT		X							X				X				X
Population Council									X		X						
<b>PVOs/NGOs</b>																	
Media for Development International		X							X								
Harvard AIDS Institute											X						
Civil/Military Alliance to Combat HIV/AIDS	X			X				X				X					
Lutheran World Relief		X		X					X								

<b>KEY:</b>	<b>Advoc.</b>	Advocacy	<b>MTCT</b>	Mother to Child Transmission activities
	<b>BCI</b>	Behavior Change Intervention	<b>Research</b>	HIV/AIDS research activities
	<b>Care/S</b>	Care & Support Activities	<b>Policy</b>	Policy monitoring or development
	<b>Training</b>	HIV/AIDS training programs	<b>STD</b>	STD services or drug distribution
	<b>Cond.</b>	Condom Distribution	<b>VCT</b>	Voluntary counseling and testing
	<b>SM</b>	Social Marketing	<b>Orphan</b>	AIDS orphan activities
	<b>Eval.</b>	Evaluation of several projects	<b>TB</b>	TB control
	<b>HR</b>	Human Rights activities	<b>Other</b>	(I.e. blood supply, etc.).
	<b>IEC</b>	Information, education, communication activities		